

APPLICATION FOR CHANGE/TRANSFER OF WATER RIGHT

For filing with the Department of Ecology or with County Conservancy Boards

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION

(Check all that apply.) Change purpose(s) of use Add purpose(s) of use Change point(s) of diversion/withdrawal Add point(s) of diversion/withdrawal Change/transfer place of use Other (i.e. consolidation, intertie, trust water) Explain: **IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL	FOR OFFICE CHANGE NO. 1-24856 DATE ACCEPTED 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	WRIA 15 22 108 BY 108 20 4 100 108 Not exempt
1. Applicant Information:		
APPLICANT/BUSINESS NAME	PHONE NO.	FAX NO.
Terry Hughes	(360) 3737826	
ADDRESS / 138 C Walnut	Cell 360 307 70	51
CITY Bremer ton	STATE Wa	ZIP CODE 983/2
		Tanana
REGER HOVELSON WSDL 1179	PHONE NO. (360) 87/7499	FAX NO.
ADDRESS BOX 753	Cell 25320827	94
CITY Manchester	STATE	ZIP CODE 98353
2. Water Right Information:		
WATER RIGHT OR CLAIM NUMBER G 124856P RECO	RDED NAME(S) Terry K	Luges
DO YOU OWN THE RIGHT TO BE CHANGED? ☑ YES ☐ NO		
IF NO, PROVIDE OWNER(S) NAME and ADDRESS:		
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5)	YEARS? ☑ YES ☐ NO	
Please attach copies of any documentation that demonstrates was established. Also, if you have a water system plan or application. Big Bird Water system	conservation plan, please i	
	E ONLY	
FOR OFFICE US APP. NO PERMIT NO CERT. NO.	EUNLY	2118565

3. Point(s) of Diversion/Withdrawal: stole SE1/4 NE1/4 recording to Certificate Water System G124856 10 NO 36681U Bird SE SE 23 25 100 4430000200007 SE NE B. Proposed Bert + Ernis Water System 6 1-24999 401409 SOURCE NO. SEC. TWP. RGE. PARCEL# WELL TAG # + Earnie Well SE NW 25 100 23250140331004 DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL? EXISTING: D YES D NO PROPOSED: ☐ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME: Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment. 4. Purpose of Use: A. Existing **PURPOSE OF USE GPM or CFS** ACRE-FT/YR PERIOD OF USE 60 9 pm 41.0 12 ma Bert + Earnie 8 9 pm 4.5 12 B. Proposed **PURPOSE OF USE** GPM or CFS ACRE-FT/YR PERIOD'OF USE Se Ja 37 4.0 B19 B1+d 12 31 4.5 mp 5. Place of Use: A. Existing Same LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED: SEC. TWP. RGE. COUNTY PARCEL# # OF ACRES 1/4 DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? YES NO - IF NO, PROVIDE OWNER(S) NAME: B. Proposed Same LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED: # OF ACRES 1/4 SEC. TWP. RGE. COUNTY PARCEL# DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? YES NO - IF NO, PROVIDE OWNER(S) NAME:

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER? ☐ YES ☐ NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): 6. Remarks and Other Relevant Information: IF FOR SEASONAL OR TEMPORARY, START DATE / / END DATE / / Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request. Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477. 7. Signatures: I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application. I understand that all responsibility for the accuracy of the information rests with me. (Applicant) Lughes 4120108 IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE. WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S): ☐ APPLICATION FEE NOT ENCLOSED □ MAP NOT INCLUDED or INCOMPLETE ☐ SECTION IS INCOMPLETE ☐ ADDITIONAL SIGNATURES REQUIRED OTHER/EXPLANATION: DATE: ___/__/ STAFF: